

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO**

**APPLICATION FOR ATTORNEY TRAINING
(Please complete in full)**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bar ID: _____ State of _____

Phone: _____

Email Address for ECF System: _____
(Notice of your ECF training date will be sent to this address.)

I hereby request the Court to schedule me for one 4-hour ECF Attorney Training session in accordance with the preferred training day I have indicated below.

Columbus (first Wednesday of each month) _____

Cincinnati (second Wednesday of each month) _____

Dayton (third Wednesday of each month) _____

_____ (Check if applicable) I will be bringing the following non-attorney staff member with me to the training session _____.

_____ (Check if applicable) I do not require ECF training because I have already qualified as an ECF filer in the **U.S. Bankruptcy Court** located in _____. Please provide either a copy of your training certificate from that court or your login name. **Additionally, please submit the appropriate Attorney Registration Form (Form 1 or Form 1a) with this application.**

Attorney Signature

Date

Complete and mail this application to:
United States Bankruptcy Court
ATTN: ECF Registration
120 West Third Street
Dayton, Ohio 45402-1819